

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023788

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 383 Primary Registration District No. 5655 Registrar's No. 129

FILED JUL 11 1962

1. PLACE OF DEATH

a. COUNTY

LAWRENCE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Dade

admission)

c. CITY
OR
TOWN

Greenfield

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

3 1/2 mi So. of MT. VERNON

Inside Limits

Yes ☐ No ☒

d. STREET
ADDRESS

(If outside, give location)

Rt. # 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

VIRGIL Lee Johnson

4. DATE
OF
DEATH

Month

Day

Year

July 6 - 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

1-17-1906

9. AGE (last birthday)

56

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

FARMER

10b. KIND OF BUSINESS OR INDUSTRY

Farming

11. BIRTHPLACE (City and state or country)

Dade Co. Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Eber Bert Johnson

13b. MOTHER'S MAIDEN NAME

Laura Jane Shaw

14. NAME OF HUSBAND OR WIFE

Leona Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) No

16. SOCIAL SECURITY NO.

[Redacted]

17. INFORMANT

Mrs. Leona Johnson - Greenfield, Mo.

Address

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Crushed chest

INTERVAL BETWEEN
ONSET AND DEATH

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car accident

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

Highway

20f. CITY, TOWN, OR LOCATION

MT. Vernon

COUNTY

Lawrence

STATE

Mo.

21. I attended the deceased from

9:50 / P

to

and last saw her alive on

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Name or title)

Edwin Wilks Coroner

22b. ADDRESS

Pierce City, Mo.

22c. DATE SIGNED

7-8-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

July 9 - '62

23c. NAME OF CEMETERY OR CREMATORY

Greenfield Cemetery

23d. LOCATION (City, town, or county)

Greenfield Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

J.C. CANADA, Greenfield, Mo

25. DATE RECD. BY LOCAL REG.

7-10-62

26. REGISTRAR'S SIGNATURE

Ray Gontham

D.K.H.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0550

2 0290

3 1

4 0

5 1

6

7 0

8 0

9 X

10

11 053

12 91-3

13 5-0

APR 16 1963
JUL 18 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.